

03/30/01

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>WJ</i>	<i>43</i>	<i>3/17</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

REST AVAILABLE COPY

## **INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Original	9 5 8 2 9 17 6 20 9 29 01 02 02 03 03
1	✓ ✓ ✓ ✓ ✓
2	✓
3	✓ ✓
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Claim	Date			
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Claim	Date	
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If more than 150 claims or 10 actions  
staple additional sheet here

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